



Revocation of Authorization for Deposit of Recurring Payment

State Form 41199R (R2/10-99)
Approved by the State Board of Accounts 1999

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Fax #: (317) 232-3882
Home page: www.in.gov/trf

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

PLEASE USE BLACK INK ONLY.

Name (<i>Last, First, Middle</i>)	Social Security Number
Address	TRF Number
Depository Institution	Checking / Savings Account Number

STATEMENT OF REVOCATION

I do hereby revoke the authorization agreement for deposit of recurring payment given by me to the above-named depository institution for the purpose of receiving my Indiana State Teachers' Retirement Fund benefit payments.

Signature	Date
Signature of Witness	Printed Name of Witness
Address of Witness	Witness' County of Residence

FOR OFFICE USE ONLY

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